Case 18-33430-JKS Doc 48 Filed 04/01/19 Entered 04/01/19 12:23:39 Desc Main

			Faue I UI O		
Fill in this information to identify your case:					
Debtor 1	Christopher B J	ohannesen			
	First Name	Middle Name	Last Name		
Debtor 2 Erin P Johannese		sen			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY			
Case number 18-33430 (if known)					

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct

Pai	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	350,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	76,360.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	426,360.0
Paı	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	394,166.2
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	10,702.50
	Your total liabilities	\$	404,868.77
Pai	t 3: Summarize Your Income and Expenses		
l.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,517.03
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,868.7
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other scl	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	, .	

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Debtor 1 Christopher B Johannesen
Debtor 2 Erin P Johannesen

Case number (if known) 18-33430

the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____5,695.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Fill in this information t	o identify your case:	
Debtor 1	Christopher B Johannesen	
Debtor 2 (Spouse, if filing)	Erin P Johannesen	
United States Bankrup	tcy Court for the: DISTRICT OF NEW JERSEY	
Case number (If known)	33430	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form	<u>106I</u>	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status*	■ Employed	■ Employed
attach a separate page with information about additional	Employment status*	☐ Not employed	☐ Not employed
employers.	Occupation	Owner	Teacher
Include part-time, seasonal, or self-employed work.	Employer's name	Green Label Landscape Management, LLC	Wharton Board of Education
Occupation may include student or homemaker, if it applies.	Employer's address	8 Joyce Drive Succasunna, NJ 07876	137 East Central Ave. Wharton, NJ 07885
	How long employed th	nere? 8 years	9 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 6,331.03

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Debt Debt		Christopher B Johannesen Erin P Johannesen	_	Case n	umber (<i>if known</i>)	18-33430		
					Debtor 1	For Debto	spouse	
	Cop	y line 4 here	4.	\$	0.00	\$	6,331.03	-
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	947.81	_
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	418.27	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	166.67	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$ 	0.00	\$ \$	526.63 0.00	-
	5g.	Union dues	5g.	\$ 	0.00	\$	109.17	-
	5h.	Other deductions. Specify: Life Insurance	5h.+	· · · · · · · ·	0.00	· · · · · · · · · · · · · · · · · · ·	95.45	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.	\$	0.00	· ———	2,264.00	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 		· 	-	-
			٧.	Ψ	0.00	Ψ	4,067.03	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	-
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	-
	8e.	Social Security	8e.	\$	0.00	\$	0.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	_
	8h.	Other monthly income. Specify: Anticipated business income increase	8h.+	\$	2,000.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,000.00	\$	0.00	D
10.	Cal	culate monthly income. Add line 7 + line 9.	10. \$	2	,000.00 + \$	4,067.03	3 = \$	6,067.03
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,001100] L	
11.	Inclu othe Do r	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your first friends or relatives. Into tinclude any amounts already included in lines 2-10 or amounts that are not cify: Family contribution	depend		•	ed in <i>Schedu</i>	ile J. +\$	450.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						6,517.03
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?				Combir monthly	ned y income
		Yes. Explain: The co-debtor is a teacher and paid on a 10 mon average. The Furture Stars USA income is sumr						

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Debtor 1	Christopher B Johannesen		
	Erin P Johannesen	Case number (if known)	18-33430

Official Form B 6I Attachment for Additional Employment Information

Spouse		
Occupation		
Name of Employer	Future Stars USA	
How long employed		
Address of Employer	301 South Main Street	
	Suite 2 East	
	Doylestown, PA 18901	

Official Form 106I Schedule I: Your Income page 3

E-11	·	diameter idea (form						
		ation to identify yo				Observa	L. W. de Co.	
Deb	Christopher B Johannesen				ck if this is: An amended filing			
	otor 2 ouse, if filing)	Erin P Johan	nesen					ving postpetition chapter the following date:
Unit	United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY					_	MM / DD / YYYY	
	e number 18	8-33430						
O ₁	fficial Fo	orm 106J						
S	chedule	J: Your	Exper	nses				12/1
info	ormation. If manual moder (if know	nore space is ne vn). Answer eve	eded, atta ry questio	. If two married people ar ach another sheet to this t in.				
Par 1.	t 1: Desci Is this a join	ribe Your House nt case?	hold					
•••	□ No. Go to							
			in a separ	ate household?				
	■ N		st file Offici	ial Form 106J-2, <i>Expense</i> s	for Separate House	hold of Debi	tor 2.	
2.	Do you hay	e dependents?	□ No					
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Son		3	■ Yes
					0			□ No
					Son		<u>8</u>	■ Yes □ No
								☐ Yes
								□ No
_	_							☐ Yes
3.	expenses o	penses include of people other t d your depende	han 🗖	No I Yes				
Par		nate Your Ongoi						
exp		a date after the		uptcy filing date unless y y is filed. If this is a supp				
the	lude expense value of suc ficial Form 10	h assistance an	non-cash d have inc	government assistance it cluded it on Schedule I: Y	f you know Your Income		Your exp	enses
4.		or home owners nd any rent for th		nses for your residence. In or lot.	nclude first mortgage	4. \$		1,662.50
	If not include	ded in line 4:						
	4a. Real e	estate taxes				4a. \$;	500.00
	4b. Prope	erty, homeowner's	-			4b. \$		128.00
				upkeep expenses		4c. \$		0.00
	4d. Home	eowner's associat	aon or con	aominium aues		4d. \$	1	0.00

0.00

Additional mortgage payments for your residence, such as home equity loans

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Debtor 1		pher B Johannesen	_		18-33430	
Debtor 2	Erin P Jo	ohannesen	Case num	ber (if known)		
6. Util	ities:					
6a.		heat, natural gas	6a.	\$	250.00	
6b.	•	wer, garbage collection	6b.	\$	50.00	
6c.	,	e, cell phone, Internet, satellite, and cable services	6c.	\$	230.00	
6d.	Other. Spe		6d.	\$	0.00	
		ekeeping supplies	7.	\$	550.00	
		children's education costs	8.	\$	1,225.00	
-		ry, and dry cleaning	9.	\$	50.00	
	•	products and services	10.	\$	100.00	
	•	ntal expenses	11.		150.00	
		Include gas, maintenance, bus or train fare.		Ψ	130.00	
	not include ca		12.	\$	250.00	
		clubs, recreation, newspapers, magazines, and books	13.	\$	50.00	
		ributions and religious donations	14.	\$	25.00	
15. Ins				·	20.00	
-		surance deducted from your pay or included in lines 4 or 20.				
	. Life insura		15a.	\$	20.00	
15b	. Health ins	urance	15b.	\$	0.00	
150	. Vehicle ins	surance	15c.	\$	213.25	
15d	I. Other insu	rance. Specify:	15d.	\$	0.00	
		include taxes deducted from your pay or included in lines 4 or 20.			0.00	
	ecify:	iolado taxos doddotod from your pay of infordada in infoo 1 of 20.	16.	\$	0.00	
		ease payments:		-		
		ents for Vehicle 1	17a.	\$	415.00	
17b	. Car payme	ents for Vehicle 2	17b.	\$	0.00	
17c	. Other. Spe	ecify:	17c.	\$	0.00	
	l. Other. Spe		17d.	\$	0.00	
	•	of alimony, maintenance, and support that you did not report		•		
		your pay on line 5, Schedule I, Your Income (Official Form 106)		\$	0.00	
		s you make to support others who do not live with you.	•	\$	0.00	
Spe	ecify:		19.			
20. Oth	er real prop	erty expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Yo	ur Income.		
20a	. Mortgages	s on other property	20a.	\$	0.00	
20b	. Real estat	re taxes	20b.	\$	0.00	
20c	. Property, I	homeowner's, or renter's insurance	20c.	\$	0.00	
20d	l. Maintenan	nce, repair, and upkeep expenses	20d.	\$	0.00	
		er's association or condominium dues	20e.	\$	0.00	
21. Ot h	er: Specify:		21.	+\$	0.00	
	. ,				0.00	
	-	monthly expenses				
	. Add lines 4	· ·		\$	5,868.75	
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$		
220	. Add line 22	a and 22b. The result is your monthly expenses.		\$	5,868.75	
00 0:	lata				-	
		monthly net income.	00-	c	0.545.00	
		12 (your combined monthly income) from Schedule I.	23a.		6,517.03	
23b	. Copy your	monthly expenses from line 22c above.	23b.	-\$	5,868.75	
220	Subtractiv	your monthly expenses from your monthly income				
230		our monthly expenses from your monthly income. is your monthly net income.	23c.	\$	648.28	
	rne result	is your monthly net income.	200.	•	3.3.23	
24. Do	vou expect :	an increase or decrease in your expenses within the year after	vou file this	form?		
		ou expect to finish paying for your car loan within the year or do you expect yo			ease or decrease because of a	
		terms of your mortgage?	3-3-1	,		
	No.					
П	Yes.	Explain here:				

Fill in this information to identify your case:						
Debtor 1	Christopher B Johannesen					
	First Name	Middle Name	Last Name			
Debtor 2	Erin P Johannese	n				
(Spouse if, filing) First Name		Middle Name	Last Name			
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY				
Case number 18-33430						
(if known)						

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NO	OT an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have rea that they are true and correct. X /s/ Christopher B Johannesen Christopher B Johannesen Signature of Debtor 1	X /s/ Erin P Johannesen Erin P Johannesen Signature of Debtor 2
Date April 1, 2019	Date April 1, 2019